

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <u>11542</u>	2. Fiscal Year Covered From: <u>10/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing.  Name <u>TERRENCE CONROY</u>	4. Name, file number, and address of labor organization.  Name <u>PAINTERS DISTRICT COUNCIL #6</u> Labor Organization File Number <u>037989</u>
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street <u>13527 Westwood</u>	Street <u>8257 Dow Circle</u>
City <u>WESTLAKE</u>	City <u>Cleveland</u>
State <u>OHIO</u> ZIP Code + 4 <u>44145</u>	State <u>Ohio</u> ZIP Code + 4 <u>44136</u>
Position in labor organization: <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of Interest, Transaction, or Income.  _____
7.b. Amount.  _____	_____

Signature

15. Signature and verification. The undersigned declares, under penalty of perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the signatory's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed

On 8-14-05 Date 440 239 4575 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any)

Name Kaiser PermanenteTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State:  ZIP Code + 4: 

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LMCJ - LABOR/MANUFACTURER COOPERATIVE INITIATIVETrade Name, if any: LMCIP.O. Box, Bldg., Room No., if any: Street: City: State:  ZIP Code + 4: 

## 9. Business deals with:

- a. Labor Organization  
 b. Trust  
 c. Employer

## 11.a. Nature of such dealing.

- 1) STREET WORKERS G.O. \$100.00  
2) DINNER - CATERER CONVENTION \$127.91

## 11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

227.91

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name GEORGE FAULKNERTrade Name, if any: FAULKNER INSURANCEP.O. Box, Bldg., Room No., if any: Street: City: CLEVELANDState: OHIO ZIP Code + 4: 

## 14.a. Nature of payment.

CHRISTMAS GIFT BOX13.b. Is the Business an Employer or Consultant 

?

## 14.b. Amount of payment.

65.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name *Intertional Pensions Pension Fund*Trade Name, if any: *IUPAT INDUSTRY Pension Fund*

P.O. Box, Bldg., Room No., if any

Street *1700 New York Ave*City *Washington DC*

State

ZIP Code + 4 *20006*

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

## 11.a. Nature of such dealing.

*3-29-04 Dinner, Payment. 115.48  
8-15-04 " 107.64**223.12*

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

## 14.b. Amount of payment.